

FILED DEC 27 1950

## STANDARD CERTIFICATE OF DEATH

43067  
State File No. 10542

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>D-</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>812nd</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>14 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Alton</b>		d. STREET ADDRESS (If rural, give location) <b>1511 Main Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>George</b>		c. (Last) <b>Zoller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 29, 1874</b>		9. AGE (In years last birthday) <b>75</b> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Minutes _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stationary Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Glass Factory</b>		11. BIRTHPLACE (State or foreign country) <b>Spring Bay, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frederick Zoller</b>		13b. MOTHER'S MAIDEN NAME <b>Ida May Schultz</b>		14. NAME OF HUSBAND OR WIFE <b>Lura Zoller</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>327-07-4325A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lura Zoller</b>		ADDRESS <b>Alton, Ill.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EMBOLUS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GANGRENE OF LEFT FOOT</b> DUE TO (c) <b>DIABETES AND ATHEROSCLEROSIS</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ulcerative left foot</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 HR.</b>  <b>1 DAY</b>  <b>10 YRS</b>  <b>1 Yr.</b>	
19a. DATE OF OPERATION <b>11/15/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Gangrene left foot</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>260X</b>			
22. I hereby certify that I attended the deceased from <b>Nov. 24, 1950</b> , to <b>Dec. 8, 1950</b> , that I last saw the deceased alive on <b>Dec. 8, 1950</b> , and that death occurred at <b>2:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>F.R. Bradley M.D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>12/8/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 11, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Upper Alton</b>		24d. LOCATION (City, town, or county) (State) <b>Alton Illinois</b>	
DATE REC'D BY LOCAL REG. <b>DEC 11 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sauter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert H. Strooper</b> ADDRESS <b>Alton, Illinois.</b>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or ~~by~~ \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_ *Robert H. Streep*

Signed .....  
Student Embalmer

Licensed Embalmer No. *2474*

P. O. Address *Alton, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.